

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PROGRESSIVE VOTE AKA PROGRESSIVE DEMOCRATS OF AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00402800
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee USPS		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 1765 3 Mile Rd. NE		Amount 19.21
City Grand Rapids	State MI	Zip Code 49505
Purpose of Expenditure Postage	Category/Type 001	Transaction ID : SE.133534 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 295.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee USPS		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 1765 3 Mile Rd. NE		Amount 15.75
City Grand Rapids	State MI	Zip Code 49505
Purpose of Expenditure Postage	Category/Type 001	Transaction ID : SE.133535 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 311.58		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kimberly Buchan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 18 / 2015

Signature